



STATE OF MARYLAND

DHHMH

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May 29, 2009

Public Health & Emergency Preparedness Bulletin: # 2009:20 Reporting for the week ending 05/23/09 (MMWR Week #20)

CURRENT HOMELAND SECURITY THREAT LEVELS

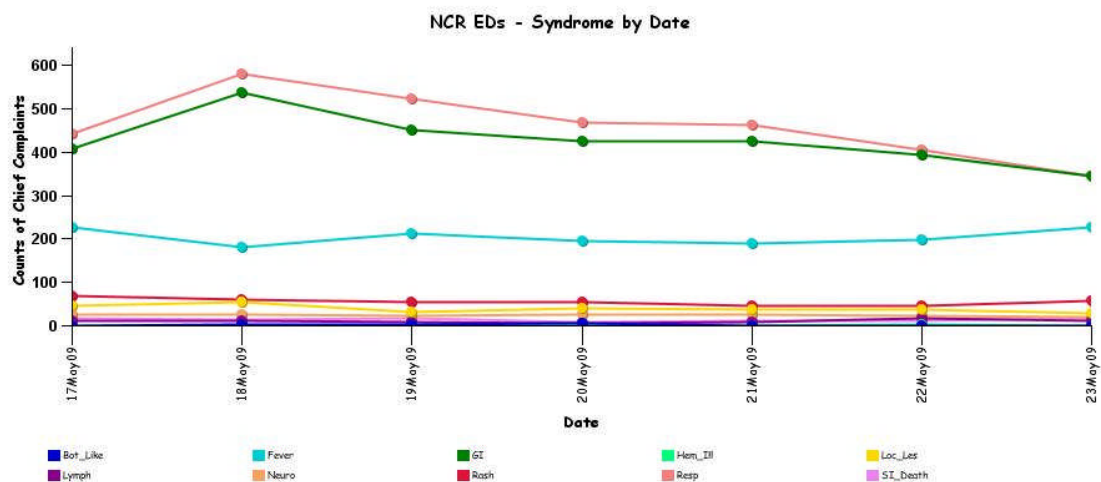
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

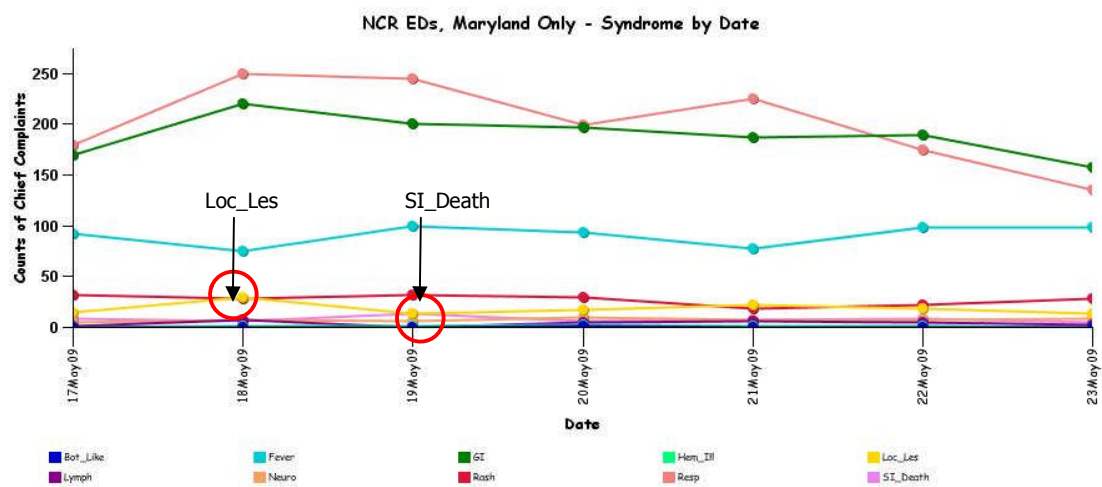
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

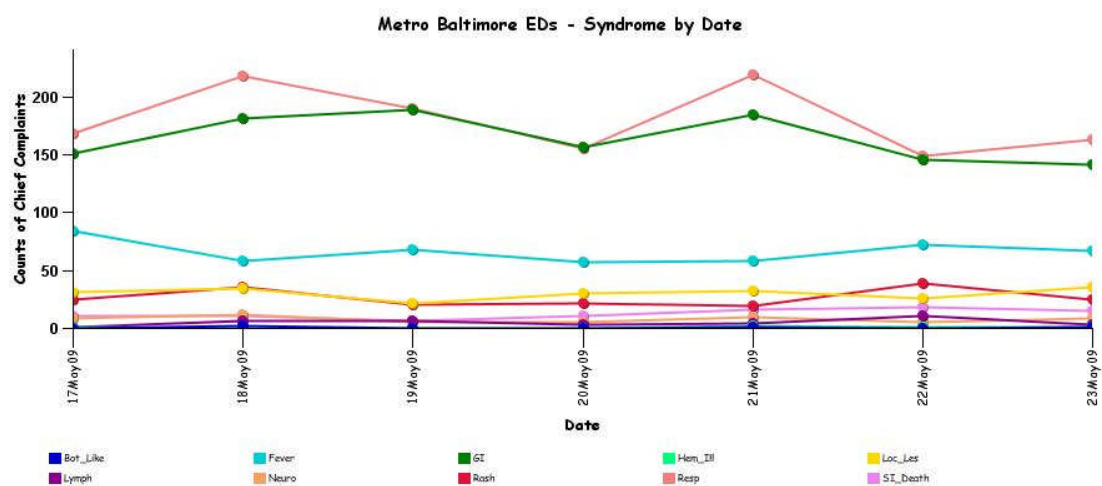
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.

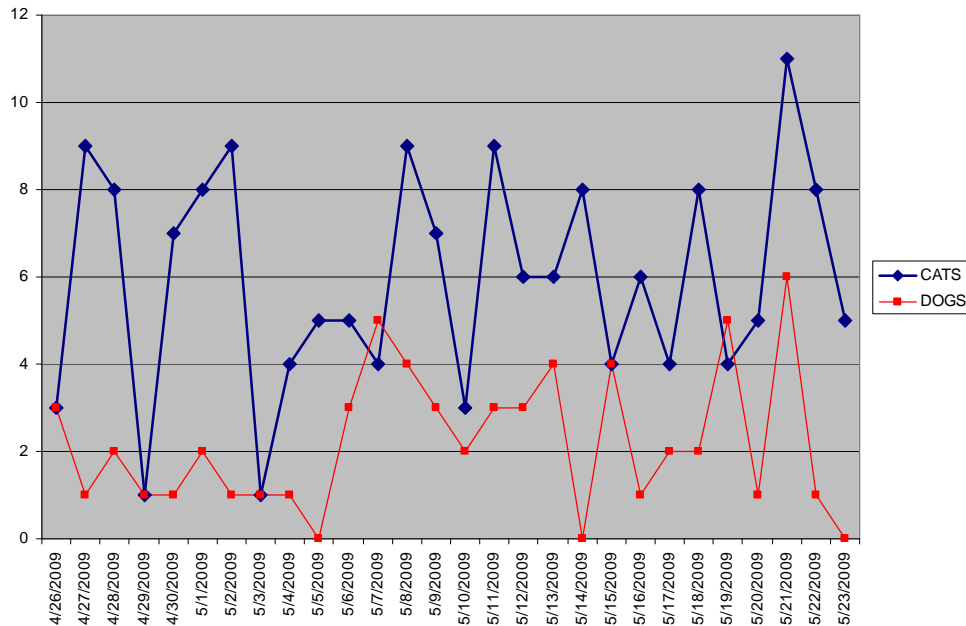


* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

** **Red Alerts are not indicated on this graph.**

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

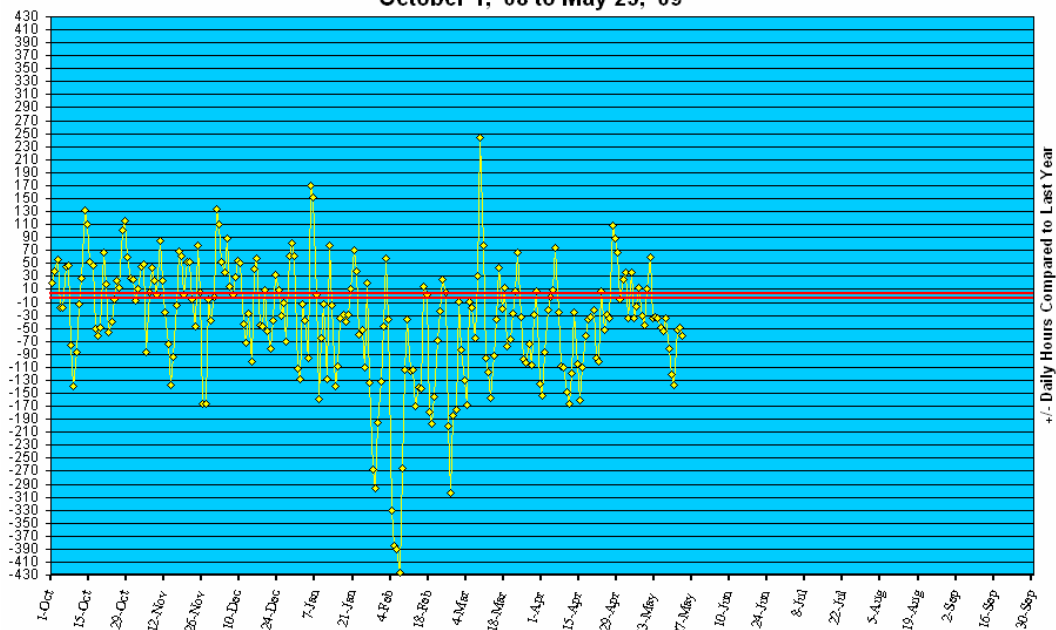
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '08 to May 23, '09**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in April 2009 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (May 17 – 23, 2009):	07	0
Prior week (May 10 – 16, 2009):	10	0
Week#20, 2008 (May 11 – 17, 2008):	08	0

OUTBREAKS: 5 outbreaks were reported to DHMH during MMWR Week 20 (May 17-23, 2009):

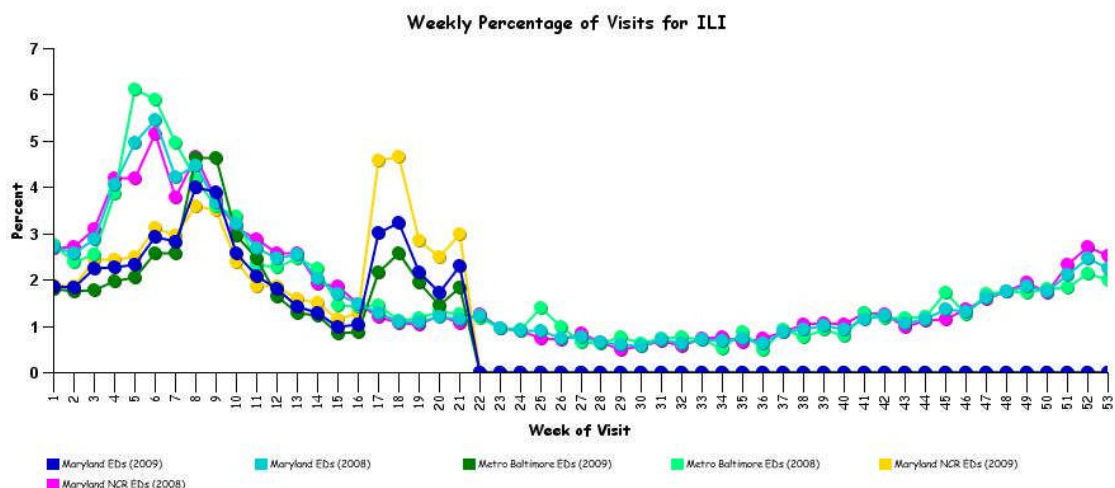
5 Respiratory illness outbreaks

3 outbreaks of INFLUENZA associated with Schools
1 outbreak of ILI associated with a School
1 outbreak of PNEUMONIA associated with a School

MARYLAND SEASONAL FLU STATUS: Influenza activity in Maryland for Week 20 is REGIONAL.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



*Graph shows proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 5: Characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

US Pandemic Influenza Stage: Stage 0: New domestic animal outbreak in at-risk country

****More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:**
<http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of May 22, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 429, of which 262 have been fatal. Thus, the case fatality rate for human H5N1 is about 61%.

AVIAN INFLUENZA, HUMAN (Egypt): 21 May 2009, Two Egyptian boys have contracted the highly pathogenic H5N1 bird flu virus, bringing the total number of cases in the most populous Arab country to 74, state news agency MENA said on Wednesday 20 May 2009. Egypt, hit harder by bird flu than any other country outside Asia, has seen a surge in cases in recent weeks with 14 new human infections and 4 deaths reported since 1 April 2009 - more than the country saw in all of 2008. The children, a 4-year-old boy from Dakahlia in the Nile Delta and a 3-year-old boy from Sohag in the south, were admitted to hospital with high fever and were in a stable condition after being treated with Tamiflu, MENA reported. It quoted a health ministry spokesman as saying that both boys had been in contact with birds suspected of being infected with the disease. The new infections came just days after a 4-year-old girl died of the virus on Monday 18 May 2009. Overall, 27 Egyptians have died after contracting the virus. Most Egyptians who contracted the disease fell ill after coming into contact with infected domestic birds in a country where roughly 5 million households depend on domestically raised poultry as a significant source of food and income.

AVIAN INFLUENZA, HUMAN (Egypt): 19 May 2009, A girl, age 4, began experiencing symptoms on 9 May 2009. She was admitted to Mansoura Chest Hospital with pneumonia on 17 May 2009. Infection with avian influenza was confirmed on 18 May 2009. A history of close contact with sick poultry was reported. The girl died on 18 May 2009. The Ministry of Health reported this was the 72nd case of highly pathogenic avian influenza H5N1 in Egypt.

AVIAN INFLUENZA, HUMAN (Egypt): 18 May 2009, A boy, age 3, began experiencing fever and runny nose on 12 May 2009. He was admitted to Mahalla Fever Hospital on Fri 15 May 2009. Infection with avian influenza was confirmed on 15 May 2009. His family reported a contact with sick poultry. He was reported in good general condition on Sun 17 May 2009 and was to be transferred to El Bakry Hospital in Cairo that day. The MOHP reported this was the 71st case of highly pathogenic avian influenza in Egypt.

AVIAN INFLUENZA, WILD BIRDS (China): 18 May 2009, On 17 May 2009, the Chinese Ministry of Agriculture announced that the National Avian Influenza Reference Laboratory had confirmed avian influenza among migratory birds in Qinghai province. According to the briefing, the regional veterinary departments in Gahai found dead migratory birds on 8 May 2009. Specimens were collected and sent for testing. On 12 May 2009, the Qinghai Provincial Animal Disease Prevention and Control Center detected weak positive signals for highly pathogenic avian influenza using RT-PCR. On 17 May 2009, the birds were confirmed to be infected with highly pathogenic H5N1 avian influenza by the National Avian Influenza Reference Laboratory. As of 17 May 2009, 121 wild birds had died. In response to the outbreak, access to the affected area was restricted for disinfection and culling of backyard poultry. All 121 dead wild birds and 600 culled poultry have been processed. At present, there has been no disruption of life. No outbreak among poultry has been found in Qinghai province.

H1N1 INFLUENZA (Swine Flu):

INFLUENZA A (H1N1) (Worldwide): 23 May 2009, As of 6:00 AM GMT on 23 May 2009 there have been a total of 12,022 cases and 86 deaths of influenza A (H1N1) infection officially reported to WHO coming from 43 countries, up from 11,168 confirmed cases and 86 deaths from 42 countries yesterday (21 May 2009). The following countries have reported laboratory confirmed cases: Argentina (1), Australia (12), Austria (1), Belgium (7), Brazil (8), Canada (719), Chile (24), China, Hong Kong SAR, mainland (11), Colombia (12), Costa Rica (20), Cuba (4), Denmark (1), Ecuador (8), El Salvador (6), Finland (2), France (16), Germany (17), Greece (1), Guatemala (4), India (1), Ireland (1), Israel (7), Italy (14), Japan (321), Korea, Republic of (3), Malaysia (2), Mexico (3892), Netherlands (3), New Zealand (9), Norway (4), Panama (76), Peru (5), Philippines (1), Poland (2), Portugal (1), Russia (1), Spain (126), Sweden (3), Switzerland (2), Thailand (2), Turkey (2), United Kingdom (117), United States (6552). WHO is not recommending any travel restrictions related to the outbreak of the Influenza A (H1N1) virus.

INFLUENZA A (H1N1) (Americas): 23 May 2009, According to PAHO, up to 23 May 2009, 11,744 confirmed cases of the new virus influenza A (H1N1) infection, including 91 deaths, have been notified in 15 countries of the Americas: Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Peru, and the United States. Honduras confirmed its 1st case of Influenza A (H1N1) on 21 May 2009 in the city

of San Pedro Sula. The affected was a 9-year old girl who resides in the neighborhood of Cabanas. The case was detected by the Ministry of Health's Sentinel Surveillance.

INFLUENZA A (H1N1) (Japan): 23 May 2009, As of 23 May 2009, Japanese Ministry of Health, Labour and Welfare reported the additional 27 laboratory confirmed cases of novel influenza A (H1N1) since the last reporting on 22 May 2009. The total number of cases is 321 in Japan. The prefectures with number of the confirmed cases are: Hyogo (167), Kanagawa (1), Kyoto (1), Osaka (141), Saitama (2), Shiga (1), Tokyo (3) and Chiba (5); All of these cases were quarantined at Narita airport. No fatal case has been reported. Epidemiological investigations are ongoing to clarify the transmission route and epidemiological links between the cases. Public Health interventions that were already implemented included school closure and advice for cancelling or postponing of large public gatherings.

INFLUENZA A (H1N1) VACCINE DEVELOPMENT (Worldwide): 20 May 2009, The World Health Organization (WHO) said Tuesday 19 May 2009 that it was taking longer than anticipated to prepare the seed stock needed to manufacture a vaccine for the H1N1 influenza virus. At a week long meeting in Geneva to discuss the outbreak of the so-called swine flu, the global health agency said the virus wasn't growing very quickly in the laboratory. That means vaccine makers won't be able to start production until mid-July 2009 at the earliest. WHO officials originally said they would be able to deliver the seed stock to manufacturers by the end of the month [May 2009]. Once the companies have it in hand, it takes about 4-6 months to produce the vaccine. The U.S. Centers for Disease Control and Prevention (CDC) in Atlanta intends to have its own H1N1 seed stock ready to distribute to vaccine makers by the end of May 2009, and those efforts are "still on track," spokesman Tom Skinner said Tuesday 19 May 2009. Small lots of H1N1 vaccine could be available for human clinical trials as early as late July or August 2009, he said. Neither the WHO nor the CDC have given the go-ahead for manufacturers to begin production of an H1N1 vaccine.

Resources:

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmm.maryland.gov/swineflu/>

NATIONAL DISEASE REPORTS:

No new disease outbreaks related to CDC Critical Biological Agents were reported for MWWR week 20.

INTERNATIONAL DISEASE REPORTS:

HANTAVIRUS (Panama): 23 May 2009, In Los Santos province last Tuesday 19 May 2009, 2 women died, victims of a hantavirus infection said the National Epidemic Department chief of the Ministry of Health, Gladys Guerrero. The Health Regional director of Los Santos, Dulio Taylor said that a test confirmed that both women had a hantavirus infection, but samples are going to be sent to the Gorgas Institute which 1st discovered the virus, to find out the cause of death. In the first 5 months of 2009 there have been 18 confirmed cases of hantavirus infection in Los Santos province. Although the majority cases of the cases come from the Azuero region, there has been one case in Chepo. The Ministry of Health has carried out fumigation programs to stop the propagation of rodents, but they continue to proliferate especially in areas where there is accumulation of rubbish. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

HEPATITIS A VIRUS, SEMI-DRIED TOMATOES (Australia): 22 May 2009, Health authorities in Victoria and South Australia say semi-dried tomatoes have been linked with a spike in the number of hepatitis A cases. People are being warned not to eat loose semi-dried tomatoes sold in oil with herbs and garlic at IGA, Foodland, Foodworks, and independent delis and cafes. Victoria's acting chief health officer, Rosemary Lester, says the move is precautionary. "Although the links between the product and a recent increase in hepatitis A cases in Victoria are still under investigation, we have taken this measure in collaboration with our colleagues in South Australia," she said in a statement. "We are also working with the Victorian manufacturers to remove this product from these stores across Victoria." The Victorian Department of Human Services says hepatitis A is spread when traces of fecal matter containing the virus contaminates hands, objects, water, or food and is then taken in by mouth. Symptoms of hepatitis A include abdominal pain, nausea, fever and chills, and jaundice. The department says anyone experiencing these symptoms should contact their doctor or "Nurse On Call" on 1300 6060 24. The total number of hepatitis A cases reported in Victoria this year is 90 compared with 41 reported for the same period last year. The warning does not apply to semi-dried tomatoes sold in jars, pre-packaged, or vacuum packages. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (Thailand): 20 May 2009, Authorities are urging householders in southern Thailand to eradicate mosquito breeding grounds after more than 500 people in Trang province contracted chikungunya. Trang's health official Sathit Paisert said on Tuesday 19 May 2009 that over 500 people suffered from chikungunya infection, and many of them were from Muang and Yan Ta Khao districts. He said the rainy season had allowed mosquitoes to breed more actively,

and people should try to eliminate mosquito breeding grounds such as stagnant water around their homes. People should also use mosquito nets when sleeping and apply mosquito repellents. Chikungunya disease is a viral illness transmitted to humans by infected mosquitoes. On Friday 15 May 2009, Thailand Disease Control Department head Somchai Chakrabhand said the virus spread by mosquitoes has infected 15,240 people in 15 of Thailand's southern provinces to date. Despite the number of infected individuals, the Public Health Ministry remains confident the outbreak can be contained, Somchai added. Thai officials are attempting to contain the mosquito virus through enhanced surveillance measures, as well as providing information to the public about the disease. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmh.state.md.us/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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